

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SI	05/11/01	
O.I.P.E. CLASSIFIER	59	611	
FORMALITY REVIEW	MH	920	07-06-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Late response  
 — (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

# BEST AVAILABLE COPY

Claim	Date
Final Original	7/8/02
1	✓
2	N
3	✓
4	✓
5	✓
6	✓
7	N
8	✓
9	✓
10	N
11	✓
12	✓
13	✓
14	N
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	N
23	✓
24	N
25	✓
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31	✓
32	✓
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45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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